Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE P	ROCEDURES	NOTICE	FILING
-------------------------	-----------	--------	--------

AGENCY NAME Public Employees' Retirement System		CONTACT PERSON Jane L. Mapp	TELEPHONE NUMBER 601-359-3592	
ADDRESS 429 Mississippi Street		CITY Jackson	STATE MS	ZIP 39201
EMAIL JMapp@pers.ms.gov	SUBMIT DATE 05/02/2012	Name or number of rule(s): Regulation 45-A		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: The proposed amendments to Regulation 45A are to (1) amend Section 102.1 to conform regulation to proposed statutory language clarifying duty-related disability, (2) amend Section 102.2 to remove misleading verbiage about an individual who has received a refund (an individual who receives a refund of contributions is no longer a member); (3) amend Section 102.3 to clarify that Option 6 is the partial lump sum option; (4) amend Section 103 to conform language to Board Regulation 35 Section 101.6; (5) amend Section 104.2 to remove misleading verbiage referring to administrative leave and to Workers' Compensation benefits (same changes proposed to Board Regulation 35); (6) add Section 104.3 to clarify that to be eligible for a disability benefit a member must terminate from all positions in state service, whether covered or not, even if the member is not disabled from all positions; (7) add Section 104.4 to establish a required separation period of 90 days before a disability retiree may return to employment with a covered employer on a limited basis as currently prescribed by law and regulation for service retirees; (8) amend Sections 105.1.d and 105.5 to conform regulation to proposed statutory language clarifying duty-related disability; (9) add Section 105.10 to clarify that all reported wages will be considered in determining average compensation, even if the member is not disabled from all positions; and (10) add Section 109 to incorporate Internal Revenue rule that duty-related disability benefits are excluded from income if certain Internal Revenue Service prescribed conditions are met, effective August 1, 2012.

rule that duty-related disability benefits are excl. 1, 2012.	uded from income if certain Internal Revenue Serv	rice prescribed conditions are met, effective August
Specific legal authority authorizing the pro-	mulgation of rule: 25-11-15(6)	
List all rules repealed, amended, or suspen	ded by the proposed rule: Regulation 45-A	
ORAL PROCEEDING:		
An oral proceeding is scheduled for this	rule on Date: Time: Place: _	
X Presently, an oral proceeding is not sched	duled on this rule.	
ten (10) or more persons. The written request should notice of proposed rule adoption and should include t agent or attorney, the name, address, email address, comment period, written submissions including argun	ling must be held if a written request for an oral proceed be submitted to the agency contact person at the above he name, address, email address, and telephone numbe and telephone number of the party or parties you repres nents, data, and views on the proposed rule/amendmen	e address within twenty (20) days after the filing of this r of the person(s) making the request; and, if you are an sent. At any time within the twenty-five (25) day public
ECONOMIC IMPACT STATEMENT:		
X Economic impact statement not required	for this rule.	conomic impact statement attached.
TEMPORARY RULES Original filing Renewal of effectiveness To be in effect in days Effective date: Immediately upon filing Other (specify):	PROPOSED ACTION ON RULES Action proposed: New rule(s) Amendment to existing rule(s) Repeal of existing rule(s) Adoption by reference Proposed final effective date: 30 days after filing Other (specify): August 1, 2012	FINAL ACTION ON RULES Date Proposed Rule Filed: Action taken: Adopted with no changes in text Adopted with changes Adopted by reference Withdrawn Repeal adopted as proposed Effective date: 30 days after filing Other (specify):
Printed name and Title of person author	rized to file rules: Jane L. Mapp, Special	Assistant Attorney General
Signature of person authorized to file ru		
OFFICIAL FILING STAMP	OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
	MISSISSIPPI	
Accepted for filing by	Accepted for filing by OF STATE CB18762E	Accepted for filing by